



Engine Crew- Self Study Validation Form

Crewmember Name _____

Date _____

What was the type (audio, audio-visual, written, online, planned activity, etc) of the self-study activity performed?

Which topic(s) were covered in the self-study activity?

- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> GCOR | <input type="checkbox"/> Air Brakes | <input type="checkbox"/> Train Handling | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Personal Safety Practices | <input type="checkbox"/> Basic Management of Oil Fired Steam Locomotives | | |
| <input type="checkbox"/> Signal Compliance | <input type="checkbox"/> Radio Rules Compliance | | |
| <input type="checkbox"/> Locomotive Maintenance | <input type="checkbox"/> 49 CFR | | |
| <input type="checkbox"/> Use of automatic train | <input type="checkbox"/> Railtown Safety Rules | | |
| <input type="checkbox"/> Use of Dynamic Brake | <input type="checkbox"/> Principles of Locomotive Operation | | |

Please indicate the number of activity hours spent in the self-study: _____

If self-study involved reading published material, please cite the material here by providing at least the name of the article, the publisher, and the date of publication.

Please use the rest of the space to provide brief synopsis of the studied material. This synopsis may include a statement of its relevance to your area of practice, and what you gained from the material.